

APPLICATION FOR UNITED STATES PATENT DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD FOR THE TREATMENT OF DISEASES LINKED TO AN ACCUMULATION OF TRIGLYCERIDES AND CHOLESTEROL

described and claimed in the specification:

Check one

- *a. ☐ attached hereto.
b. ☒ filed on October 18, 2005 as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

International Application No. PCT/IB03/01463, Filed April 18, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NUMBER 25944, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 *Typewritten Full Name
of First or Sole Inventor:*

Bernard FROMENTY

2 ****Inventor's Signature:**

Given Name Middle Initial Family Name

3 ****Date of Signature:**

Bernard FRomenty

December 16 2005

Month Day Year

Residence:

Montmorency France

Citizenship:

City State or Province Country

France

Post Office Address:

(Insert complete

mailing address,

including country)

14 rue de Bellevue,

F-95160 Montmorency, France

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

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PAGE 2 OF U.S.A. DECLARATION FOR
(Do not add this page in a sole inventor application)

| | | | | |
|---|--|---|-------------------|-------------|
| 1 | Typewritten Full Name of Second Joint Inventor (if any): | Caroline | | MAISONNEUVE |
| | | Given Name | Middle Initial | Family Name |
| 2 | **Inventor's Signature: | Caroline | | Maisonneuve |
| 3 | **Date of Signature: | December | 16 | 2005 |
| | | Month | Day | Year |
| | Residence: | Chatillon | | France |
| | | City | State or Province | Country |
| | Citizenship: | France | | |
| | Post Office Address: (Insert complete mailing address, including country) | 67, rue Pierre Brossolette, Appartement A46, F-92430 Chatillon, France | | |

| | | | |
|--------------|--|-------------------|-------------|
| 1 | Typewritten Full Name of Third Joint Inventor (if any): | | |
| | Anissa | | IGOUDJIL |
| | Given Name | Middle Initial | Family Name |
| 2 | **Inventor's Signature: Anissa IGOUDJIL | | |
| 3 | **Date of Signature: December 16 2005 | | |
| | Month | Day | Year |
| Residence: | Maurepas | | France |
| | City | State or Province | Country |
| Citizenship: | France | | |
| | Post Office Address: | | |
| | (Insert complete mailing address, including country) | | |
| | 23, rue du Couserans, F-78310 Maurepas, France | | |

| | | | |
|---|--|--|--------------------------|
| 1 | Typewritten Full Name of Fourth Joint Inventor (if any): | <u>Philippe</u> | <u>LETTERON</u> |
| | | Given Name | Middle Initial |
| 2 | **Inventor's Signature: | <u>Philippe</u> | <u>LETTERON</u> |
| 3 | **Date of Signature: | <u>December</u> | <u>2005</u> |
| | | Month | Day |
| | | Year | |
| | Residence: | <u>Villeneuve-la-Garenne</u> | <u>France</u> |
| | | City | State or Province |
| | Citizenship: | <u>France</u> | <u></u> |
| | Post Office Address: (Insert complete mailing address, including country) | <u>18, villa Edmond Rarchaert,</u> | |
| | | <u>F-92390 Villeneuve-la-Garenne, France</u> | |

| | | | |
|---|--|---|----------------|
| 1 | Typewritten Full Name of Fifth Joint Inventor (if any): | Karima | BEGRICHE |
| | | Given Name | Middle Initial |
| 2 | **Inventor's Signature: | Karima | BEGRICHE |
| 3 | **Date of Signature: | December | 2005 |
| | | Month | Day |
| | | Year | |
| | Residence: | Paris | France |
| | | City | Country |
| | Citizenship: | France | |
| | Post Office Address: | | |
| | (Insert complete mailing address, including country) | 20, rue Colonel Pierre Avia, Appartement 221, | |
| | | F-75015 Paris, France | |

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration form of the application to which it pertains.

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